24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) ACTION PAC | FEC IDENTIFICATION NUMBER ▼ |
| ACTIONT AC | C C00569996 |
| Check if X 24-hour report 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Campaign Marketing Strategies, Inc. | M M / D D / Y Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y |
| Mailing Address 3240 Wilson Blvd. Ste 202 | Amount |
| City State Zip Code | 4000.00 |
| Arlington VA 22201 | Transaction ID : SE.4144 Date of Disbursement or Obligation |
| Purpose of Expenditure Automated Calls Category/ Type 003 | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office | Sought: House District: |
| Various Republican, Candidates, , , | President Senate State: VA |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2016 | orsement For: Primary |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| | M = M / D = D / Y = Y = Y |
| Mailing Address | Amount |
| City State Zip Code | |
| Only State Zip Sout | |
| Purpose of Expenditure Category/ Type | Date of Disbursement or Obligation |
| Name of Federal Candidate Support Office | e Sought: House District: |
| Oppose | President Senate State: |
| Calendar Year-To-Date Per Election for Office Sought | orsement For: Primary General Other (specify) ▶ |
| | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 40000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | 40000.00 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent. | |
| | 0 25 2016 |
| Signature | |